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Dessin industriel
Certificat d'enregistrement

Industrial Design
Certificate of registration

Je certifie par la présente que le dessin
identifié ci-dessous et
représenté en annexe a
été dûment enregistré
conformément à la
Loi sur les
dessins industriels.



I hereby certify that the industrial
design identified below and
annexed hereto has
been duly registered in
accordance with the
Industrial Design Act.

L'enregistrement est valide pour
dix années, à compter de la date
inscrite ci-dessous, à condition que le
droit de maintien ait été acquitté.

The registration is valid for ten
years from the date indicated below,
subject to payment of the prescribed
maintenance fee.

N° d'enregistrement

81888

Registration no.

Date d'enregistrement

September 26, 1997

Registration date

J. Buhler

Commissaire aux brevets et droits de propriété intellectuelle

81888

ID 1806-1

TO: Industry Canada
Industrial Design Office

APPLICATION FOR REGISTRATION OF A DESIGN

The applicant, SmithKline Beecham Consumer Healthcare GmbH, whose complete address is Hermannstrasse 7, D-77815 Buhl (Baden), Germany, hereby requests registration of a design for a TOOTHBRUSH, of which the applicant is the proprietor.

The design was not, to the proprietor's knowledge, in use by any person other than the first proprietor at the time the design was adopted by the first proprietor.

Description of the design:

The design consists of the features of shape, ornament, pattern and configuration of the handle of the toothbrush shown in the drawings.

Drawings of the design are attached, wherein:

- FIG. 1 is a front view of the design;
- FIG. 2 is a rear view of the design;
- FIG. 3 is a right side view of the design;
- FIG. 4 is a left side view of the design;
- FIG. 5 is a plan view of the design;
- FIG. 6 is an underneath plan view of the design;
- FIG. 7 is a front perspective view of the design from above and one side.

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1997-1280

81888

ID 1806-1

-2-

Signed at OTTAWA, ONTARIO, CANADA this 16th day of May, 1997.

SmithKline Beecham Consumer Healthcare GmbH

By: _____

Agent for the Applicant and
Representative For Service

Scott & Ayleen
60 Queen Street
Ottawa, Ontario
K1P 5Y7

OT-1 / 88081

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Fig. 5



Fig. 6



Fig. 4



Fig. 3

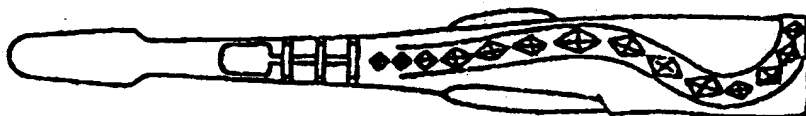


Fig. 2

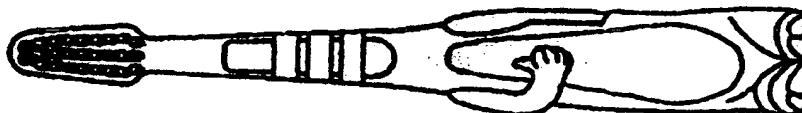


Fig. 1

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Fig. 7

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